Recent measles outbreaks have been occurring in the U.S. Measles is highly contagious. Please protect patients, visitors, and staff!



## Keep an eye out for measles symptoms

# Suspect measles in patients with:

- · fever and rash
- history of international travel in the past 3 weeks, travel to an area affected by a measles outbreak, contact with international visitors, or exposure to a known case.

**Note:** A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

#### **Prodrome**

- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

#### Rash onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present





### Act immediately if you suspect measles

- Implement airborne infection control precautions immediately, mask, and isolate patient—negative pressure room, if available.
- Permit only staff immune to measles by 2 documented doses of MMR or lab evidence of IgG immunity to be near and care for the patient.
- Notify the local health department immediately. Your health department can provide guidance on appropriate isolation, and help monitor the patient after they leave the facility.

- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.
- Expedite measles serologic testing (IgM and IgG) to a commercial lab and PCR testing at IDPH lab; contact your local health department for guidance on testing.
- Safeguard other facilities: assure airborne infection control precautions before referring or transferring patients.

